

10/05/00

Jc943 U.S. PTO

10-06-00

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Box PATENT APPLICATION
ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Date: October 3, 2000

Docket No. 09785980-0029

PATENT
SNR Matter No.09785980-0029

00CPT04584
Jc511 U.S. PTO
09/679857
10/05/00

Sir:

Transmitted herewith for filing is the patent application of

Inventors: Joshua I. Pine

For: System for Improving the Dynamic Range of Solid-state Imaging Devices

I hereby certify that this paper is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Assistant Commissioner For Patents, Washington, D.C. 20231, on this date.

10-5-00
Date

Shirley Ann

Express Mail Label No. E1164225185US

Enclosed are:

- ☒ 18 pages of specification, 8 pages of claims and an abstract.
☒ an executed oath or declaration, with power of attorney.
☐ an unexecuted oath or declaration, with power of attorney.
☐ ___ sheet(s) of informal drawing(s).
☒ 4 sheets of formal drawings.
☒ Assignment of the invention to Conexant Systems, Inc.
☒ Assignment Form Cover Sheet.
☐ A check in the amount of \$_____ to cover the fee for recording the assignment(s) is enclosed.
☐ Associate power of attorney.

Fee Calculation For Claims As Filed

a) Basic Fee						\$	710.00
b) Independent Claims	4	-	3	=	1	X \$80.00	= \$ 80.00
c) Total Claims	35	-	20	=	15	X \$18.00	= \$ 270.00
d) Fee for Multiple Claims					0	X \$260.00	= \$ 0.00

Total Filing Fee \$ 1,060.00

- ☐ Statement(s) of Status as Small Entity, reducing Filing Fee by half to \$
☐ Check No. _____ in the amount of \$ _____ to cover the filing fee is enclosed
☒ Charge \$ 1,100.00 to Deposit Account No. 500835 for the basic filing fees of \$1,060.00 and \$40.00 for recording the enclosed assignment.

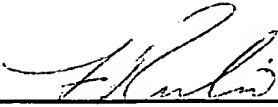
☐ Other _____

- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 500835. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 500835. Two duplicate copies of this sheet are enclosed.

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SNR Matter No.09785980-0029
00CXT0456T

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